



**STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION**

Davy Crockett Tower
500 James Robertson Parkway, 3rd Floor
Nashville, TN 37243
615-741-1602

www.tn.gov/abc

4420 Whittle Springs Road
Knoxville, TN 37917
865-594-6342

One Commerce Square
40 South Main Street
4th Floor, Suite 415
Memphis TN 38103
901-543-7284

540 McCallie Avenue, Suite 341
Chattanooga, TN 37402-2055
423-634-6434



**APPLICATION FEE
NON-REFUNDABLE**

Business Check, Money Order or Cashiers Check ONLY

ALL signature spaces MUST
be signed and notarized.

**APPLICATION FOR LICENSE TO
SELL ALCOHOLIC BEVERAGES AT WHOLESALE**

Date _____, 20 ____

Name of Corp./LLC/LP, SP, etc: _____

hereby make application for a license to sell alcoholic beverages at wholesale in the following location.

Doing Business As: _____

Business Address: _____ Business Telephone: (____) _____ Fax Number: (____) _____

City, State: _____ County: _____ Zip Code: _____

Mailing Address (if different from Business Address) _____ City _____ State _____ Zip Code _____

Website: _____ E-mail address: _____

1. Are you and all persons having a direct or indirect interest in the business (if any) a United States Citizen? ____ All applicants must complete form AB-0116 – Declaration of Citizenship
2. Have you, partners, stockholders, or any other person having any kind of interest in this business, ever been convicted for any offense under the laws of the State of Tennessee, or of any other State, or of the United States? _____
3. Have you or any other person having a direct interest in this business been convicted of any offense under the laws of the State of Tennessee, of any other State, or of the United States prohibiting, or regulating the sale, possession, transportation, storing, manufacturing or otherwise handling intoxicating liquors within ten (10) years preceding the date of this application? _____ If yes, please specify: _____

4. Have you, partner, or any other person having a direct or indirect interest in this business been engaged in business alone, or with others, in violation of any laws, or rules and regulations of the State of Tennessee and the Alcoholic Beverage Commission, prohibiting or regulating the sale, possession, transportation, manufacturing, or otherwise handling intoxicating liquors within ten (10) years preceding the date of this application? If yes, please specify: _____

5. Have you or any other person having a direct or indirect interest in this business ever been cited to appear before the Commissioner of Revenue or the Tennessee Alcoholic Beverage Commission and charged with a violation of the law or rules and regulations made pursuant to law? _____
If yes, please specify _____
6. Give the name and address of any other business in which you, or your partners (if any) are actively engaged.

7. State whether you or anyone connected with this business hold any kind of interest whatsoever in any premises on which alcoholic beverages are sold at retail. _____
8. Is the business to be operated as a corporation, general or limited partnership, or are you the sole owner?

- 9.. State the names and addresses of all persons other than those whose names appear on this application who have any kind of interest, financial, stock ownership, loans, gifts, or securing loans, or otherwise, made for carrying on said business: _____

10. Who will be in active control and personally conduct the management of this business? _____

11. State the names and addresses of all persons related to you by blood, marriage or otherwise, who own, operate or have any kind of interest in a Retail Store, Wholesale Distributor, Distillery or Supplier. _____
12. Give the name and address of the owner of the premises on which the business is to be located and the amount of the rental, if any. Also submit a copy of any lease agreement which may be entered into. _____
13. Do you sub-lease, or allow anyone to occupy any of the space covered in this lease? _____ If so, state the name of the person and the kind of business being operated. _____
14. Do you agree to accept full responsibility for the actions of all persons having a direct or indirect interest in the business and/or by you in the conduct of your business? _____
15. Give name and address of any relative employed by the Tennessee Alcoholic Beverage Commission. _____
16. If you are indebted to the State of Tennessee for any tax, state the tax and amount. _____
17. Do you hold a public office, either appointive or elective, or are you a public employee, either National, State, City or County? _____

WARNING: "YOUR STATEMENT IS MADE UNDER OATH OR AFFIRMATION. PROVIDING OR INCOMPLETE INFORMATION ARE GROUNDS FOR REJECTION OF APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED. FALSE STATEMENTS OR INCOMPLETE INFORMATION ARE ALSO SUBJECT TO THE PENALTIES OF PERJURY UNDER TENNESSEE LAW"

All data, written statements, affidavits, evidence or their documents submitted in support hereof, or upon bearing hereon, shall be deemed to be a part of this application.

The applicant or applicants agrees that the place for which application is made will be operated in conformity with Chapter 257, Public Acts of 1963, and in conformity with all applicable rules and regulations made pursuant to law, which are now, or may hereafter be, in force.

* "THE ACCEPTANCE OF FEES DOES NOT GUARANTEE THE ISSUANCE OF A LICENSE OR PERMIT" *

Application authorized by _____
Print Name, Owner of Establishment

Print Name, Applicant

Signature, Owner of Establishment

Signature, Applicant

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires _____

Notary Public

Notary Seal

TABC Validation

The State of Tennessee and the Tennessee Alcoholic Beverage Commission are Equal Opportunity Employers. Discrimination, in any of its practices, which is based on age, race, sex, color, religion, national origin, disabling condition or any other nonmerit factor is prohibited. Thus, the Tennessee Alcoholic Beverage Commission is an equal opportunity, equal access, affirmative action public entity.

FOR ADDITIONAL INFORMATION:

Contact the agency ADA Coordinator for this state agency: Assistant Director at 615-741-1602 or the Tennessee Office of Americans with Disabilities, Department of Personnel. Alternate formats of this notice are available on request.